

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/25/2012
FORM APPROVAL
OMB NO. 0938-0397

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Poc # 2	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2012
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NAME OF PROVIDER OR SUPPLIER

EAST TENNESSEE HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

465 ISBILL RD

MADISONVILLE, TN 37354

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F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>F441</p> <p>483.65 Infection Control, Prevent Spread, Linens</p> <p>SS=F</p> <p><u>Requirement:</u></p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p><u>Corrective Action Plan:</u></p> <p>1. a. Resident #4 was in contact isolation through 7/18/2012. As of 7/16/2012, treatment orders were open to air as no drainage present. CDC recommends that psychosocial needs be balanced for individuals in isolation. As wound had no drainage and was covered by clothing, resident was brought to common areas to meet psychosocial needs.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, review of Infection Control Log, and interview, the facility failed to maintain infection control practices for two residents (#4, #6) in contact isolation of six residents reviewed.</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on June 15, 2009, with diagnoses of Dementia, and Depression.</p> <p>Medical record review of a microbiology report dated July 6, 2012, revealed, "...Source: wound...Collected: July 6, 2012...Organisms identified...Methicillin Resistant Staphylococcus aureus (MRSA)..."</p> <p>Review of the Infection Control Log dated July 2012, revealed, "... (Resident #4)...infection type skin...organism MRSA..."</p> <p>Observation on July 18, 2012, at 1:00 p.m., in the front lobby, revealed resident #4 sitting in a wheelchair.</p> <p>Observation of resident #4's door on July 18, 2012, at 1:20 p.m., revealed a sign, "...Contact Isolation in addition to Standard Precautions Visitors - Report to Nurses' Station Before Entering Room Before Care...wear gloves when entering room...perform hand hygiene..."</p> <p>Observation on July 18, 2012, at 1:30 p.m., on the 100 hallway, revealed Floor Technician #1</p>	F 441	<p>b. Resident # 6 required Contact Isolation for shingles, rash visible during antiviral therapy revealed no open draining lesions. This resident is bedbound and did not enter common areas.</p> <p>c. Administrator inserviced DON on 7/18/2012 on Infection Control policy, Hand Hygiene Policy, and Precautions Policy.</p> <p>d. DON inserviced all staff to include Floor Technician #1 and Floor Technician #2, and CNA #1 and CNA #2 on 7/18/2012 regarding Infection Control policy, Hand Hygiene Policy, and Precautions Policy. Additional inservices were conducted on 7/18/2012 and 7/19/2012 to include all staff. A follow up inservice will be conducted on 8/15/2012.</p> <p>Completion date: 8/15/2012</p> <p>2. The facility has determined that all residents have the potential to be affected.</p> <p>a. Audits were completed 7/18/2012 of infection control report to determine needs for isolation.</p>	8/15/2012	

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F 441	<p>Continued From page 2</p> <p>rolling resident #4 in a wheelchair and entered resident #4's room. Continued observation revealed Floor Technician #1 entered resident #4's room, covered the resident with a blanket from the resident's bed, and exited the room without washing the hands.</p> <p>Observation on July 18, 2012, at 1:35 p.m., on the 100 hallway, revealed Floor Technician #2 rolled resident #4's roommate in a wheelchair and entered resident #4's room. Continued observation revealed Floor Technician #2 rearranged resident #4's bed to place the resident's roommate in the room, and exited the room without washing the hands.</p> <p>Observation on July 18, 2012, at 1:55 p.m., on the 100 hallway, revealed Registered Nurse (RN) #1 entered resident #4's room, opened the biohazard gray soiled linen barrel without donning gloves, exited the isolation room, prepared another resident's medications, and administered the medications without washing the hands.</p> <p>Observation on July 18, 2012, at 2:16 p.m., on the 100 hallway, revealed Certified Nurse Assistant (CNA) #1 entered resident #4's room, opened the biohazard gray soiled linen barrel without donning gloves, exited the isolation room, and failed to wash the hands.</p> <p>Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the Director of Nursing (DON) entered resident #4's room, opened the biohazard gray soiled linen barrel without donning gloves, exited the isolation room, and entered another residents room, and failed to wash the hands.</p>	F 441	<p>b. DON, ADON, or designee will inservice all staff, any time isolation requirements are deemed necessary. If isolation deemed necessary, shift to shift report will include all staff working to ensure compliance with isolation precautions. Monthly inservices will reflect on infection control procedures, isolation precautions, and handwashing for 3 months.</p> <p>Completion date: 11/1/2012</p> <p>3. The facility's Patient Care and Services Team serves as the Facility's infection control committee. All infections/orders for antibiotics, occupational exposures to blood, body fluids, or potentially infectious materials are discussed daily(M-F) in morning QA meeting. This committee is responsible to ensure implementation of corrective action plans in affected areas. The</p>		

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F 441	<p>Continued From page 3</p> <p>Resident #6 was admitted to the facility on November 16, 2011, with diagnoses including Severe Dementia, and Decubitus Ulcer.</p> <p>Medical record review of a Physician Telephone Order dated July 12, 2012, revealed, "...Isolation precautions until areas resolved..."</p> <p>Medical record review of a nurse's note dated July 16, 2012, at 12:00 p.m., revealed, "...cont (continue) on acyclovir for shingles..."</p> <p>Observation of resident #6's door on July 18, 2012, at 1:50 p.m., revealed a sign, "...Contact Isolation in addition to Standard Precautions Visitors - Report to Nurses' Station Before Entering Room Before Care...wear gloves when entering room...perform hand hygiene..."</p> <p>Observation on July 18, 2012, at 1:45 p.m., on the 200 hallway, revealed CNA #2 entered resident #6's room without donning a gown. Continued observation revealed CNA #2 exited the room after performing personal care to resident #6.</p> <p>Interview with CNA#2 on July 18, 2012, at 1:48, on the 200 hallway, confirmed no gown had been worn when personal care had been provided to the resident.</p> <p>Review of Contact Precautions placed on residents door revealed, "...before care...wear gown to enter room..."</p> <p>Review of the facility's policy Precautions, dated October 2011, revealed, "...Contact Precautions</p>	F 441	<p>committee is also responsible for monitoring staff performance as it relates to infection control policies and procedures. All residents require standard precautions. However, some may require additional precautions depending on clinical conditions. All staff are trained/instructed on proper technique for hand washing, laundry practices, food handling, disposal of environmental and patient waste and visiting rules in reference to Infection Control and Isolation Precautions upon hire and at a minimum of annually. DON, ADON, or designee will inservice all staff, any time isolation requirements are deemed necessary. If isolation deemed necessary, shift to shift report will include all staff working to ensure compliance with isolation precautions. Monthly inservices will reflect on infection control procedures, isolation precautions, and handwashing for 3 months.</p> <p>Completion date: 11/1/2012</p>		

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F 441	<p>Continued From page 4</p> <p>are designed to reduce the risk of transmission of...microorganisms by...indirect contact...Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object in the patient's environment...wear gloves whenever touching articles in close proximity to the patient..."</p> <p>Review of the facility's policy Infection Control, General, dated January 2011, revealed, "...Hand washing is the single most important measure...use of gloves, face shields and gowns as indicated..."</p> <p>Review of facility's policy Hand Hygiene, dated August 2010, revealed, "...Hand hygiene is the simplest, most effective means of infection control...hand hygiene must be performed at a minimum...before and after each patient contact..."</p> <p>Interview with the DON on July 18, 2012, at 3:48 p.m., in front office, confirmed all employees are to wash or sanitize hands between contact with the residents and follow facility policies and procedures for isolation.</p> <p>Interview with the Administrator on July 19, 2012, at 11:10 p.m., in the Social Service Office, confirmed the facility failed to follow infection control practices.</p> <p>C/O #30135</p>	F 441	<p>4. a. The Assistant Director of Nursing or designee will review orders for antibiotics, when completing the electronic daily infection control program. This report is used for monitoring trends and action to prevent infections in facility. Monthly reports are printed and reviewed during QA & A Meeting.</p> <p>b. DON, ADON, or designee will do random handwashing checks beginning 8/1/2012.</p> <p>Completion date: 8/31/2012.</p> <p>c. Bimonthly reviews of handwashing and checkoffs to ensure compliance is met for three months.</p> <p>Completion date: 11/1/2012</p> <p>d. The Infection Control Committee will conduct random rounds to ensure Infection Control Protocol compliance is maintained for six (6) weeks. Findings will be reported in the morning QA meeting.</p> <p>Completion date: 9/15/2012</p>		